

## CLAIMS ONLY

Application Number

101743.342

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED<br>8/5/05 |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|--------------------|--------|-----------------------|--------|------------------------|--------|
|              | Indep              | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            | 1                  |        |                       |        |                        |        |
| 2            | 1                  |        |                       |        |                        |        |
| 3            |                    | 1      |                       |        |                        |        |
| 4            |                    |        |                       |        |                        |        |
| 5            |                    |        |                       |        |                        |        |
| 6            |                    |        |                       |        |                        |        |
| 7            |                    | 1      |                       |        |                        |        |
| 8            |                    | 1      |                       |        |                        |        |
| 9            |                    |        |                       |        |                        |        |
| 10           |                    |        |                       |        |                        |        |
| 11           |                    | 1      |                       |        |                        |        |
| 12           | 1                  |        |                       |        |                        |        |
| 13           |                    |        |                       |        |                        |        |
| 14           |                    |        |                       |        |                        |        |
| 15           |                    | 1      |                       |        |                        |        |
| 16           |                    | 1      |                       |        |                        |        |
| 17           |                    | 1      |                       |        |                        |        |
| 18           |                    | 1      |                       |        |                        |        |
| 19           |                    | 1      |                       |        |                        |        |
| 20           |                    | 1      |                       |        |                        |        |
| 21           |                    | 1      |                       |        |                        |        |
| 22           |                    |        |                       |        |                        |        |
| 23           |                    |        |                       |        |                        |        |
| 24           |                    |        |                       |        |                        |        |
| 25           |                    |        |                       |        |                        |        |
| 26           |                    |        |                       |        |                        |        |
| 27           |                    |        |                       |        |                        |        |
| 28           |                    |        |                       |        |                        |        |
| 29           |                    |        |                       |        |                        |        |
| 30           |                    |        |                       |        |                        |        |
| 31           |                    |        |                       |        |                        |        |
| 32           |                    |        |                       |        |                        |        |
| 33           |                    |        |                       |        |                        |        |
| 34           |                    |        |                       |        |                        |        |
| 35           |                    |        |                       |        |                        |        |
| 36           |                    |        |                       |        |                        |        |
| 37           |                    |        |                       |        |                        |        |
| 38           |                    |        |                       |        |                        |        |
| 39           |                    |        |                       |        |                        |        |
| 40           |                    |        |                       |        |                        |        |
| 41           |                    |        |                       |        |                        |        |
| 42           |                    |        |                       |        |                        |        |
| 43           |                    |        |                       |        |                        |        |
| 44           |                    |        |                       |        |                        |        |
| 45           |                    |        |                       |        |                        |        |
| 46           |                    |        |                       |        |                        |        |
| 47           |                    |        |                       |        |                        |        |
| 48           |                    |        |                       |        |                        |        |
| 49           |                    |        |                       |        |                        |        |
| 50           |                    |        |                       |        |                        |        |
| Total Indep  | 3                  |        |                       |        |                        |        |
| Total Depend | 11                 |        |                       |        |                        |        |
| Total Claims | 14                 |        |                       |        |                        |        |

| * May be used for additional claims or amendments |       |        |       |        |       |        |
|---|-------|--------|-------|--------|-------|--------|
|   | *     |        | *     |        | *     |        |
|   | Indep | Depend | Indep | Depend | Indep | Depend |
| 51  |       |        |       |        |       |        |
| 52  |       |        |       |        |       |        |
| 53  |       |        |       |        |       |        |
| 54  |       |        |       |        |       |        |
| 55  |       |        |       |        |       |        |
| 56  |       |        |       |        |       |        |
| 57  |       |        |       |        |       |        |
| 58  |       |        |       |        |       |        |
| 59  |       |        |       |        |       |        |
| 60  |       |        |       |        |       |        |
| 61  |       |        |       |        |       |        |
| 62  |       |        |       |        |       |        |
| 63  |       |        |       |        |       |        |
| 64  |       |        |       |        |       |        |
| 65  |       |        |       |        |       |        |
| 66  |       |        |       |        |       |        |
| 67  |       |        |       |        |       |        |
| 68  |       |        |       |        |       |        |
| 69  |       |        |       |        |       |        |
| 70  |       |        |       |        |       |        |
| 71  |       |        |       |        |       |        |
| 72  |       |        |       |        |       |        |
| 73  |       |        |       |        |       |        |
| 74  |       |        |       |        |       |        |
| 75  |       |        |       |        |       |        |
| 76  |       |        |       |        |       |        |
| 77  |       |        |       |        |       |        |
| 78  |       |        |       |        |       |        |
| 79  |       |        |       |        |       |        |
| 80  |       |        |       |        |       |        |
| 81  |       |        |       |        |       |        |
| 82  |       |        |       |        |       |        |
| 83  |       |        |       |        |       |        |
| 84  |       |        |       |        |       |        |
| 85  |       |        |       |        |       |        |
| 86  |       |        |       |        |       |        |
| 87  |       |        |       |        |       |        |
| 88  |       |        |       |        |       |        |
| 89  |       |        |       |        |       |        |
| 90  |       |        |       |        |       |        |
| 91  |       |        |       |        |       |        |
| 92  |       |        |       |        |       |        |
| 93  |       |        |       |        |       |        |
| 94  |       |        |       |        |       |        |
| 95  |       |        |       |        |       |        |
| 96  |       |        |       |        |       |        |
| 97  |       |        |       |        |       |        |
| 98  |       |        |       |        |       |        |
| 99  |       |        |       |        |       |        |
| 100   |       |        |       |        |       |        |
| Total Indep                                       |       |        |       |        |       |        |
| Total Depend                                      |       |        |       |        |       |        |
| Total Claims                                      |       |        |       |        |       |        |